

## CONTINUING TEMPORARY APPROVAL FOR RESOURCE PROGRAM TEACHER

**Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.**

**The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.**

Candidate's Name: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 ISD Name: \_\_\_\_\_ ISD Code #: \_\_\_\_\_  
 LEA Name: \_\_\_\_\_ LEA Code#: \_\_\_\_\_  
 Program Category: \_\_\_\_\_ Program Category Code #: \_\_\_\_\_  
 University/College: \_\_\_\_\_  
 Effective Date: Month \_\_\_\_ Date \_\_\_\_ Year \_\_\_\_ Special Education Endorsement Program: \_\_\_\_\_

- YES NO** 1. This candidate holds a valid Michigan teaching certificate.
- YES NO** 2. This candidate continues to be employed in the same category and level of assignment as employed and approved in the previous school year. A copy of the previous school year approval is on file. (attach copy)
- YES NO** 3. The ISD has received a copy of the University/College form PV indicating that this candidate has completed at least 6 semester hours of coursework towards full endorsement or approval in the appropriate program category and level as required by the assignment shown above, between September 1 of the previous school year and August 31 of the current school year or form PV indicates that this candidate did not complete the required hours, and the University/College verifies that applicable coursework was **not available**. Indicate "yes" If all requirements for continuing approval have been met.

Indicate "no" If the required coursework hours were not completed and applicable coursework was available. A copy of this request, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the MDE Office of Special Education Services for consideration. The computerized process will not accept this request.

- YES NO** 4. Personnel signatures by the employer and ISD.

---

LEA/ Employer \_\_\_\_\_ Date \_\_\_\_\_

ISD Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

---

Return To: \_\_\_\_\_  
 (ISD Contact) \_\_\_\_\_  
 Telephone #: \_\_\_\_\_

Intermediate School District  
 School District  
 Candidate  
 University/College (if applicable)